

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. **12FE4M5**

United Association Political Education Committee (United Association of Journeymen and Apprentices of the Plumbing & Pipefitting Industry of the United States and Canada)

ADDRESS (number and street)

Three Park Place

☐ Check if different than previously reported. (ACC)

Annapolis

MD

21401

2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

**C** C000124763. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

**PRE**-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

11

D D D / Y Y Y Y Y Y

04

Y Y Y Y Y Y

2014

in the  
State of

(d) 30-Day

**POST**-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

D D D / Y Y Y Y Y Y

01

Y Y Y Y Y Y

2014

through

M M M / D D D / Y Y Y Y Y Y

10

D D D / Y Y Y Y Y Y

15

Y Y Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mark McManus

Signature of Treasurer

Mark McManus**[Electronically Filed]**

Date

M M M / D D D / Y Y Y Y Y Y

10

D D D / Y Y Y Y Y Y

20

Y Y Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004